

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		04/13/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		59	4.50
FORMALITY REVIEW		71435	6/21/00
RESPONSE FORMALITY REVIEW			
			10/3/00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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